

# **EXHIBIT A**

**From:** Caroline Riogi  
**To:** Brad Nelson  
**Sent:** 7/15/2013 3:26:30 PM  
**Subject:** RE: Pharmacist professional judgment

Thank you Brad.

Caroline Riogi, R.Ph, Pharm.D  
Senior Manager, Corporate Compliance  
Health and Wellness Practice Compliance  
Office: 479-277-1661  
Fax: 479-277-9679  
Cell: 479-270-8123  
[Caroline.Riogi@wal-mart.com](mailto:Caroline.Riogi@wal-mart.com)



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**From:** Brad Nelson  
**Sent:** Monday, July 15, 2013 9:56 AM  
**To:** Lurene Riel  
**Cc:** Caroline Riogi; Rick Irby  
**Subject:** Pharmacist professional judgment

**Lurene**

Here is some information you can share with your stores regarding refusal to fill and professional judgment. Only Pharmacists are granted the ability to refuse to fill for professional reasons, not the permit holders (home office) There are plenty of Dr's and Pharmacies under investigation including Walmart. I would not want patients to stop bringing their RX's to Walmart because of an investigation by the State Board or other regulatory agency. If the public were in danger the DEA would suspend the prescriber's DEA registration or the State Medical board would step in and suspend their medical license. Until one of those two events happen then the Pharmacists must execute their professional judgment when they get RX's from prescribers with questionable prescribing habits. This is not the first time some of our competition have sent letters to prescribers or their stores about refusing all RX's from a particular prescriber for Controlled substances. Walmart will not be send such letter due to the reasons stated above, only the Pharmacist is granted the professional judgment right to refuse a prescription, and not the permit holder.

#### **COMPLIANCE RIGHT WAY EVERY DAY** **REFUSAL TO FILL.**

Pharmacists are granted the ability to exercise their professional judgment and choose to refuse to fill any prescription if they feel the prescription was written for other than a legitimate medical purpose. You and your staff are encouraged to review POMs 203,1311,1316,1317,1319 and 1703. Even after the Pharmacist established that there is a Dr/Patient relationship, the Pharmacist is still allowed to refuse to fill a prescription on an individual prescription basis, no blanket refusals are allowed by the Boards of Pharmacy. Key points:

- When any of the pharmacists on your team decides to not fill a prescription, then the requirements of POM

- Once a pharmacist submits the refusal to fill or fraudulent activity webform, the information is then sent to the DEA by the practice compliance team.
- If a pharmacist dispenses a prescription and subsequently learns (i.e. from law enforcement, a prescriber, another pharmacy or other sources) that the prescription was forged or altered, the pharmacist **is still required** to fill out the refusal to fill or fraudulent activity webform and follow the steps outlined in POM 1703.
- The documentation of these refusals is to provide details of the incident for the purposes of supporting the Pharmacists in their decision should any complaint be filed by a prescriber or patient with the Medical Board or Board of Pharmacy.

Unfortunately there are many prescribers that write for large quantities of controlled substances, however, this does not mean that you as a professional are required to fill these prescriptions. We encourage and support each Pharmacist in exercising his/her professional judgment, we simply ask that you follow the policies and procedures outlined in the Pharmacy operations manual to protect you and the company from false claims of discrimination from the Prescriber or the patient. We appreciate your concerns and understand the impact to your practice.

If you have any questions or concerns please feel free to contact Health and Wellness Regulatory Affairs: (479) 204-8014.

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**From:** Lurene Riel  
**Sent:** Monday, July 15, 2013 9:42 AM  
**To:** Rick Irby; Brad Nelson  
**Subject:** FW: fathalla mashali

This is an update for addresses that this MD is writing out of. I just sent an e-mail to you both about this doctor being under investigation.

**Lurene M. Riel**  
Market Health & Wellness Director  
Market 197  
mobile: 1-479-202-3856  
[Lurene.Riel@wal-mart.com](mailto:Lurene.Riel@wal-mart.com)

Walmart market office  
300 Keller St.  
Manchester, NH 03106  
office: 1-603-621-7081  
Fax: 1-603-621-2959

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**From:** Neil Desautels - nadesau.s02222  
**Sent:** Monday, July 15, 2013 10:37 AM  
**To:** Lurene Riel  
**Subject:** fathalla mashali

4 addresses that I have found so far

\*\*169 north franklin st holbrook, ma

\*\*585 lebanon st melrose, ma

\*\*10 converse st winchester, ma

Neil A. Desautels, RPh, MBA  
Pharmacy Manager  
Walmart # 2222

# **EXHIBIT B**

**From:** Brad Nelson  
**To:** John Smasal - jsmasal; John Loranger  
**CC:** Debbie Mack  
**Sent:** 1/28/2013 3:17:23 PM  
**Subject:** 1834 Grants Pass C2 review  
**Attachments:** POM Resource Guide - Wire posting (3).pdf

Gentleman, Hope you had a great weekend. This issue of heavy writers of CII and other Controlled Substance prescriptions comes up frequently across our trade areas. It is impossible for any of us here in the Home Office or for you as Regional and Market Directors to make a determination of the validity of these prescriptions. The State Boards of Pharmacy grant the Pharmacists professional judgment that can be exercised when the CS RX is presented. We have multiple POMs available to assist the pharmacists in making such decisions. One of the biggest mistakes the Pharmacist make is the belief that they are required to filled a prescription from a prescriber once they have called and established that the prescription was written by the prescriber. This is not true! The pharmacist is still able to refuse to fill a prescription even after contacting the prescriber's office. If they choose to not fill a prescription then they must follow POM 1703 for refusal to fill and fraudulent prescriptions. Pharmacists are encouraged to exercise their professional judgment and refuse to fill prescriptions when they feel a prescription is being written for other than legitimate medical reasons. They are not allowed to blanket refuse prescriptions from a prescribers office, that authority is granted to only the State Medical board who will suspend a prescribers license if they believe the prescriber is a threat to public safety. We are only allowed to evaluated each prescription when it is presented and the legitimacy after communicating with the patient and the prescriber. When the pharmacist still feels that the prescription is not in the best interest of the patient's health then it is within their right to refuse to fill the prescription. The Pharmacist should return the prescription back to the patient and explain the reason that they did not feel comfortable filling the prescription as written.

I have included a resource for the stores to use that has the POMs listed for easy access. The decision to fill or not to fill rests with the individual pharmacists and cannot be mandated by the permit holders.

Digging into patient records without a legitimate investigation launched by a regulatory agency is a breach of our patient's privacy rights. Therefore we cannot run reports on this prescriber without an official request from a regulatory agency or law enforcement. Let me know if you have any questions.

Brad Nelson, RPh,  
Senior Manager, Corporate Compliance  
Health and Wellness Practice Compliance  
Office: 479-277-6339 Fax: 479-277-9679  
[Brad.Nelson@wal-mart.com](mailto:Brad.Nelson@wal-mart.com)

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**From:** Debbie Mack  
**Sent:** Friday, January 25, 2013 6:19 PM  
**To:** Brad Nelson  
**Cc:** John Smasal - jsmasal  
**Subject:** FW: 1834 Grants Pass C2 review

PLAINTIFFS TRIAL  
EXHIBIT

**P-14643\_00001**

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P-14643\_00001

Debbie Mack, RPh, CHC

Director, Corporate Compliance  
Health and Wellness Practice Compliance  
Office: 479-277-0491 Fax: 479-273-8675  
[Debbie.Mack@wal-mart.com](mailto:Debbie.Mack@wal-mart.com)

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**From:** John Smasal - jsasal  
**Sent:** Friday, January 25, 2013 4:50 PM  
**To:** Debbie Mack  
**Cc:** Kathy Stowe; John Loranger; John Smasal - jsasal  
**Subject:** FW: 1834 Grants Pass C2 review

This is one of the 2 stores that we had concerns about the quantity of C2 prescriptions being processed. Can some analysis be done to get an understanding of the number of CS prescriptions coming from this doctor? Perhaps Kathy Stowe could help us run some reports? If the pharmacists are feeling uncomfortable with this doctors prescribing habits I will ask for your advice on how to best handle.

John Smasal RPh  
Region 60 Health and Wellness Director  
816-719-1840

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**From:** John Loranger  
**Sent:** Friday, January 25, 2013 2:23 PM  
**To:** John Smasal - jsasal  
**Subject:** FW: 1834 Grants Pass C2 review

Good Afternoon Mr. Smasal,

The Grants Pass RX is insisting that Dr. Linda Picker-Johnson DEA#MP1827786 is like a revolving door of scripts. They are establishing patient/prescriber relationships and they all seem to meet the requirements. It's just the volume of narcotic scripts that come from this office that is astonishing.

Should we send this to regulatory affairs? The team feels this prescriber is not being responsible and possibly involved in diversion activity.

John

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**From:** John Loranger  
**Sent:** Wednesday, October 31, 2012 10:04 AM  
**To:** John Smasal - jsasal  
**Subject:** 1834 Grants Pass C2 review

John,

My findings at 1834 Grants Pass are below. I conducted this review on 10-30-12 at 7:00 am.

All Rph's are using the PMP website for all Oxy 30's and any other prescription fills that they deem necessary based on the judgment. They are noting there finding on the prescription and in

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P-14643 \_ 00002



I ran the drug movement report for the Oxy 30's for the last 60 days and verified that the policy is being followed. I also had the RX Manager and the staff Pharmacist show me how they use the PMP website. We also went thru POM 1311 in detail and they fully understand the expectations.

I verified the accuracy of various C2 drugs to the log book and the connexus. Everything matches.

I also spoke with the APA Tia Abey(APM is on vacation) and she has no concerns at all. She is familiar with the term "pill mills", and doesn't witness any questionable activity in or around the rx.

I also reviewed three full books of C2 prescriptions that were recently filled. These 3 books were chosen randomly. 299 of them were from local prescribers for local patients. There was one prescriber from Southern California, listed below, but the patient lives in Grants Pass.

In speaking to the RX staff they do have concerns about the prescribing practices of a few doctors.

PA-Scott Swindell GP Medical Clinic on Hawthorne. Writes for large quantities. Something doesn't seem right.

Dzung Pham, D.O. from Irvine California writes for one patient 10/325 Percocet every 30 days 120 quantity. Patient lives in GP.

### **Linda Picker Johnson also seems to write for a lot of pain medications.**

Mary Huebner, George Johnston, Nancy Clark, Emily Rogers, and Joseph Savino-mostly pain specialist.

The staff would agree that they do fill a lot of C2 medications, but there is no concern of lack of professional discretion.

John Loranger  
Market H & W Director  
Grants Pass, Oregon  
479-426-6915 cell  
541-471-1353 office

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## POM Resource Guide

There are several POMs where the topic of Professional Judgment, Doctor /Patient relationships and forged or fraudulent prescriptions is addressed **Please refer to the POM's on the wire for the complete information associated with each POM**

### POM 203 – Pharmacists Responsibility

- This POM recognizes the Pharmacist's ability to exercise their professional Judgment throughout the course of the prescription filling process. Professional judgment must focus on the responsibility the Pharmacist has for the Patient, Healthcare providers and to Walmart

**Comment [bwn1]:** [http://wireportal.walmart.com/wps/myportal/Search?WCM\\_GLOBAL\\_CO NTEXT=/wps/wcm/myconnect/Wire\\_US\\_Active/Link ed\\_Content/Linked/en\\_US\\_09010aff80047037\\_A\\_p om0203.pdf](http://wireportal.walmart.com/wps/myportal/Search?WCM_GLOBAL_CO NTEXT=/wps/wcm/myconnect/Wire_US_Active/Link ed_Content/Linked/en_US_09010aff80047037_A_p om0203.pdf)

### POM 1311 – Proper Prescriber- Patient relationship

- This POM describes the uniform national policy that is designed to meet or exceed federal rules and the laws of the states which defines the elements of a proper prescriber/patient relationship

**Comment [bwn2]:** [http://wireportal.walmart.com/wps/myportal/Search?WCM\\_GLOBAL\\_CO NTEXT=/wps/wcm/myconnect/Wire\\_US\\_Active/Link ed\\_Content/Linked/en\\_US\\_09010aff80cdd53\\_A\\_p om1311.pdf](http://wireportal.walmart.com/wps/myportal/Search?WCM_GLOBAL_CO NTEXT=/wps/wcm/myconnect/Wire_US_Active/Link ed_Content/Linked/en_US_09010aff80cdd53_A_p om1311.pdf)

### POM 1316 – Prescription monitoring programs

- Many states allow prescribers and pharmacists restricted access to PMP data for use in the exercise of their professional judgment to monitor prescriptions for inappropriate use/abuse. Where states permit access to pharmacists, Walmart currently provides Walmart and Sam's Club pharmacists with a mechanism to access PMP databases.
- Links to State PMP sites are provided in this POM

**Comment [bwn3]:** [http://wireportal.walmart.com/wps/myportal/Search?WCM\\_GLOBAL\\_CO NTEXT=/wps/wcm/myconnect/Wire\\_US\\_Active/Port al\\_Content/Knowledge\\_Center/Business\\_Support/ Professional\\_Services/Controlled\\_Substances\\_Dive rsion/en\\_US\\_09010aff80fd7a6\\_A\\_pom\\_update\\_no tice.htm](http://wireportal.walmart.com/wps/myportal/Search?WCM_GLOBAL_CO NTEXT=/wps/wcm/myconnect/Wire_US_Active/Port al_Content/Knowledge_Center/Business_Support/ Professional_Services/Controlled_Substances_Dive rsion/en_US_09010aff80fd7a6_A_pom_update_no tice.htm)

### POM 1317- Out of state prescribers

- This POM has state specific information to aid in making the decision to fill or deny a controlled substance prescription from an out of state prescriber.

**Comment [bwn4]:** [http://wireportal.walmart.com/wps/myportal/Search?WCM\\_GLOBAL\\_CO NTEXT=/wps/wcm/myconnect/Wire\\_US\\_Active/Link ed\\_Content/Linked/en\\_US\\_09010aff8118d060\\_A\\_p om1317.pdf](http://wireportal.walmart.com/wps/myportal/Search?WCM_GLOBAL_CO NTEXT=/wps/wcm/myconnect/Wire_US_Active/Link ed_Content/Linked/en_US_09010aff8118d060_A_p om1317.pdf)

### POM 1319 – Prescriber Information

- This POM outlines the responsibility of the Pharmacist to ensure that the prescription contains the necessary information required by the DEA to be a valid prescription

**Comment [bwn5]:** [http://wireportal.walmart.com/wps/myportal/Search?WCM\\_GLOBAL\\_CO NTEXT=/wps/wcm/myconnect/Wire\\_US\\_Active/Link ed\\_Content/Linked/en\\_US\\_09010aff8118d089\\_A\\_p om1319.pdf](http://wireportal.walmart.com/wps/myportal/Search?WCM_GLOBAL_CO NTEXT=/wps/wcm/myconnect/Wire_US_Active/Link ed_Content/Linked/en_US_09010aff8118d089_A_p om1319.pdf)

POM 1703 – Forged or Fraudulent Prescription Procedures


- This POM provides guidance on how to identify and handle forged or fraudulent prescriptions in order to comply with State and Federal requirements
- Details the reporting requirements for Refusal to fill or Fraudulent prescriptions via the Refusal to Fill or Fraudulent Prescription Report
- **Knowingly dispensing** a forged or altered prescription is **illegal**. Any request or direction from law enforcement to fill a forged or altered prescription must be refused. Filling a forged or altered prescription even at the direction of law enforcement is not permitted, and law enforcement “sting operations” or similar activities aimed at catching a suspect in the act may threaten the safety of patients and associates

**Comment [bwn6]:** [http://wireportal.walmart.com/wps/myportal/Search?WCM\\_GLOBAL\\_CO NTEXT=/wps/wcm/myconnect/Wire\\_US\\_Active/Link ed\\_Content/Linked/en\\_US\\_09010aff80230dccc\\_A\\_p om1703.pdf](http://wireportal.walmart.com/wps/myportal/Search?WCM_GLOBAL_CO NTEXT=/wps/wcm/myconnect/Wire_US_Active/Link ed_Content/Linked/en_US_09010aff80230dccc_A_p om1703.pdf)

**Comment [bwn7]:** [http://wireportal.walmart.com/wps/myportal/Search?WCM\\_GLOBAL\\_CO NTEXT=/wps/wcm/myconnect/Wire\\_US\\_Active/Link ed\\_Content/Linked/en\\_US\\_09010aff80230dccc\\_A\\_p om1703.pdf](http://wireportal.walmart.com/wps/myportal/Search?WCM_GLOBAL_CO NTEXT=/wps/wcm/myconnect/Wire_US_Active/Link ed_Content/Linked/en_US_09010aff80230dccc_A_p om1703.pdf)

DEA Enforcement Administration Pharmacist Manual

- Pharmacist guide to Prescription Fraud

  
image2012-04-07-13  
1644.pdf  
**Comment [bwn8]:**

# **EXHIBIT C**

From: B.N. [REDACTED]  
To: P.O. [REDACTED]  
Sent: 9/30/2014 6:05:34 PM  
Subject: RE: WIRE Content Feedback

No worries, that's why we are here, to say NO!! :-)

-----Original Message-----

From: P.O. [REDACTED]  
Sent: Tuesday, September 30, 2014 1:04 PM  
To: B.N. [REDACTED]  
Subject: Re: WIRE Content Feedback

Ty

----- Original Message -----

From: B.N. [REDACTED]  
Sent: Tuesday, September 30, 2014 02:03 PM  
To: P.O. [REDACTED]  
Cc: C.R. [REDACTED]; S.T. [REDACTED]  
Subject: RE: WIRE Content Feedback

We discussed it and believe it should NOT be deactivated and re-dropped due to the fact that there would be no RX hardcopy in the records to support the RX number that was on hold. If this were an acceptable practice we would have allowed the same practice for refills available for existing RX's after Oct 5th. Our recommendation is no fill for RX's on hold after Oct 5th.

-----Original Message-----

From: P.O. [REDACTED]  
Sent: Tuesday, September 30, 2014 12:59 PM  
To: B.N. [REDACTED]  
Subject: Re: WIRE Content Feedback

Since rx is on hold could they not deactivate and redrop if rx met requirements of a C2 Rx?

----- Original Message -----

From: B.N. [REDACTED]  
Sent: Tuesday, September 30, 2014 01:57 PM  
To: P.O. [REDACTED]; N.M. [REDACTED]; HW Operations Coordinator; S.T. [REDACTED]; C.R. [REDACTED]  
Subject: RE: WIRE Content Feedback

This situation should be treated just like any remaining refills after Oct 5th and the RX would not be honored to be filled on OCT 6th. Only new hard copy prescriptions for hydrocodone will be honored starting Oct 6th. The RX on hold had a 44 series RX number which made it a CIII RX at the time and will not be eligible to be fill due to the schedule change of the drug to CII. This is what the three directors in PC understand as the instructions for Hydrocodone prescriptions with a 4 series or RX number after Oct 5th. NO refill or fill at Walmart or Sam's on Oct 6th

-----Original Message-----

From: P.O. [REDACTED]  
Sent: Tuesday, September 30, 2014 11:52 AM  
To: N.M. [REDACTED]; HW Operations Coordinator; B.N. [REDACTED]; S.T. [REDACTED]; C.R. [REDACTED]  
Subject: RE: WIRE Content Feedback

Practice compliance- Can you weigh in here?

-----Original Message-----

From: N.M. [REDACTED]  
Sent: Tuesday, September 30, 2014 11:11 AM  
To: HW Operations Coordinator  
Subject: FW: WIRE Content Feedback

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This document contains information exempt from disclosure under FOIA, 5 U.S.C. § 552(b). FOIA confidential treatment requested.

-----Original Message-----

From: pipe@wal-mart.com [mailto:pipe@wal-mart.com]  
Sent: Friday, September 26, 2014 3:54 PM  
To: Wire Forms  
Subject: WIRE Content Feedback

Below is the result of your feedback form. It was  
submitted by (pipe@wal-mart.com) on Fri Sep 26 15:54:20 CDT 2014

-----  
\*Name: T.H. [REDACTED]

-----  
\*Userid: T.H. [REDACTED]

-----  
\*Department: pharmacy dept 38

-----  
\*Facility: 3471

-----  
\*Feedback Concerning: Other

-----  
Like to See Comment:

-----  
Appreciation Comment:

-----  
Other: I WOULD LIKE TO KNOW THE POLICY OR PROCEDURE TO INFORM THE CUSTOMER ON HYDROCODONE RX  
AFTER OCT 5.SPECIFICALLY,IF WE PUT AN RX FOR HYDROCODONE ON HOLD FOR A PATIENT BEFORE OCT. 6  
AND IT IS ON SECURITY BACKGROUND PAPER AND THE PATIENT WANTS TO FILL THE RX ON OR AFTER OCT. 6  
CAN WE DEACTIVATE THE RX WHICH HAS A 44 NUMBER SEQUENCE AND REDROP IT AS A NEW RX WHICH WOULD  
ASSIGN IT AS A C-II NUMBER?

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image.x: 36

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image.y: 15

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IP of remote host: 156.95.56.29

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WMT\_DOJ\_000101621

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# **EXHIBIT D**



TEXAS MEDICAL BOARD

**REMEDIAL PLAN**  
**HOWARD GREGG DIAMOND, M.D.**  
**LIC. NO. H-4283**

On the 28 day of August, 2015, this matter came on to be heard before the Texas Medical Board (Board). On July 22, 2015, Respondent appeared with counsel, Susan Jordan, at an Informal Show Compliance Proceeding and Settlement Conference (ISC) in response to a letter of invitation from the staff of the Board. This Remedial Plan was offered by George Willeford, III, M.D., a member of the Board, and Sharon Barnes, a member of a District Review Committee (Panel). Nikki Karr represented Board Staff.

**FINDINGS**

Respondent failed to maintain adequate medical records documenting his care and treatment of chronic pain patients. Although a large number of patient records were reviewed and found lacking in detail, with certain pages missing, the Panel found that Respondent's prescribing was appropriate and his rationale well-considered.

Respondent does not admit or deny the Findings and Conclusions of Law contained herein but, rather, has agreed to settle in good faith to avoid the cost, expense, and uncertainty of litigation.

**BOARD HISTORY**

Respondent has not had a prior Order or Remedial Plan with the Board.

**MITIGATING FACTORS**

1. Respondent has no prior history with the Board.
2. The Panel found no standard of care violations.
3. Respondent cooperated in the investigation of the allegations that resulted in this Remedial Plan.



### CONCLUSIONS OF LAW

1. The Board has jurisdiction over the subject matter and Respondent pursuant to Medical Practice Act, Title 3, Subtitle B, Texas Occupations Code (Act).
2. Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a Board rule, specifically Board Rule 165.1, which requires the maintenance of adequate medical records.
3. Section 164.0015 of the Act authorizes the Board to resolve this matter with a Remedial Plan.
4. Section 164.002(d) of the Act provides that this Remedial Plan is a settlement agreement under the Texas Rules of Evidence for purposes of civil litigation.

### REMEDIAL PLAN TERMS

Based on the above, Respondent shall:

1. Within one year following the date of the entry of this Remedial Plan, Respondent shall enroll in and successfully complete at least eight hours of continuing medical education (CME) in the topic of medical record keeping. The CME shall be approved for Category I credits by the American Medical Association and approved in writing in advance by the Executive Director or their designee. To obtain approval for the course, Respondent shall submit in writing to the Compliance Division of the Board information on the course, to include at least a reasonably detailed description of the course content and faculty, as well as the course location and dates of instruction. Respondent shall submit documentation of attendance and successful completion of this requirement to the Compliance Division of the Board on or before the expiration of the time limit set forth for completion of the course. The CME requirements set forth in this paragraph shall be in addition to all other CME required for licensure maintenance.
2. The cost of administering the Remedial Plan will be \$500 per year. Payment of this cost is due no later than 60 days after the date of entry of this Remedial Plan. The cost shall be paid by cashier's check or money order payable to the Texas Medical Board and shall be submitted to the Executive Director for the Board for routing so as to be remitted to the Comptroller of Texas for deposit in the general revenue fund.
3. The terms of this Remedial Plan are not subject to modification or early termination.

4. Respondent shall comply with all the provisions of the Act and other statutes regulating Respondent's practice.

5. Respondent shall fully cooperate with the Board attorneys, investigators, compliance officers, consultants, and other employees or agents of the Board in any way involved in investigation, review, or monitoring associated with Respondent's compliance with this Remedial Plan.

6. Any violation of the terms, conditions, or requirements of this Remedial Plan by Respondent shall constitute unprofessional conduct likely to deceive or defraud the public, or to injure the public, and shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act.

7. This Remedial Plan shall automatically terminate upon Respondent's submission to the Board of evidence deemed to be sufficient by the Compliance Division of the Board that Respondent successfully completed the requirements set forth in the Remedial Plan Terms Paragraph Nos. 1 and 2.

**THIS REMEDIAL PLAN IS A PUBLIC RECORD.**

**THIS REMEDIAL PLAN IS NON-DISCIPLINARY.**

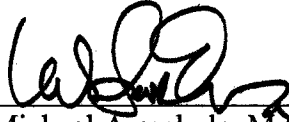
**(SIGNATURE PAGES FOLLOW)**

I, HOWARD GREGG DIAMOND, M.D., HAVE READ AND UNDERSTAND THE FOREGOING REMEDIAL PLAN. I UNDERSTAND THAT BY SIGNING, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY. I UNDERSTAND THIS REMEDIAL PLAN IS A FINAL, NON-APPEALABLE AGREEMENT THAT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

  
HOWARD GREGG DIAMOND, M.D.  
Respondent

8-9-2015  
DATE

SIGNED AND ENTERED by the presiding officer of the Texas Medical Board on this  
28 day of August, 2015.

A handwritten signature in black ink, appearing to read 'Michael Arambula', written over a horizontal line.

Michael Arambula, M.D., Pharm.D., President  
Texas Medical Board